

# ALCOHOL APPROVAL FORM

In compliance with the University [Alcohol Policy](#), this form must be completed for all university events at which alcohol will be served, whether the event is held on or off WMU property. Authorization to serve alcohol and to expend University funds for the purchase of alcohol must be obtained before an event may take place. Please allow ample time to obtain the necessary signatures.

\*\*\*\*\*

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Host Department \_\_\_\_\_

Event Location \_\_\_\_\_

Event date \_\_\_\_\_ Time: Begins \_\_\_\_\_ Ends \_\_\_\_\_

University purpose \_\_\_\_\_

Is any fee charged to attend: yes \_\_\_\_ no \_\_\_\_ If yes, amount per person \_\_\_\_\_

Cash bar yes \_\_\_\_ no \_\_\_\_

Approximate # of attendees \_\_\_\_\_

List beverage(s) to be served \_\_\_\_\_

Funding source (May **NEVER** be fund 11) \_\_\_\_\_

Who will be serving the alcohol \_\_\_\_\_ [TIPS](#) trained yes \_\_\_\_ no \_\_\_\_

**By signing below, you affirm that you have reviewed the [Alcohol Policy](#) and will comply with all policy requirements.**

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_

App Supervisor Name \_\_\_\_\_ App Supervisor Signature \_\_\_\_\_

Applicant Date \_\_\_\_\_ Supervisor Date \_\_\_\_\_

**\*\*\*VP signature only required if event begins before 5:00 p.m. M-F\*\*\***

VP Name \_\_\_\_\_ VP Signature \_\_\_\_\_

Date \_\_\_\_\_

**Email completed form to [michele.cole@wmich.edu](mailto:michele.cole@wmich.edu)**

**Michele Cole**, Director Risk Management

Risk Manager Signature \_\_\_\_\_

Date \_\_\_\_\_